

Montana Medicaid - Fee Schedule

School Services

Definitions:

January 1, 2006

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals 43% of billed charges

Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$26.07.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2006 is \$32.59

Fees The facility rate is paid to physicians/practitioners providing services in a hospital, emergency room, or ambulatory surgery center site of service. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00.

The federal match rate is 70.54% for claims paid after October 1st, 2005

Please note the match rate is now activated by claim paid date, not date of service

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the global period is per the CPT-4 code description

ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

Space: Global concept does not apply to this code

PA – Prior Authorization

Y: Prior authorization is required

Space - this indicator does not apply to this code

Indicators

Mult - Multiple surgery guidelines do apply

Bilat - Bilateral. The procedure can be done bilaterally

Assist - Assistant. An assistant is allowed for this procedure

Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure

Team - A team of surgeons is allowed for this procedure

Y - indicator is applicable to this code

Space - this indicator does not apply to this code

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators		
					Office	Facility					Assist	CoSurg	Team
H0036		COMM PSY FACE-FACE PER 15 MIN	9/1/2005	FEE SCHED	\$22.58	\$0.00							
T1000		PRIVATE DUTY/INDEPENDENT NSG	8/1/2005	FEE SCHED	\$5.66	\$0.00		Y					
T1019		PERSONAL CARE SER PER 15 MIN	7/1/2005	FEE SCHED	\$3.42	\$0.00							
T2003		N-ET; ENCOUNTER/TRIP	1/1/2004	FEE SCHED	\$4.68	\$0.00							
V5266		BATTERY FOR HEARING DEVICE	1/1/2004	BY REPORT	\$0.00	\$0.00							
90804		PSYTX, OFFICE, 20-30 MIN	7/1/2005	RBRVS	\$49.63	\$46.79							
90853		GROUP PSYCHOTHERAPY	7/1/2005	RBRVS	\$24.62	\$24.12							
92506		SPEECH/HEARING EVALUATION	7/1/2005	RBRVS	\$84.06	\$33.21							
92507		SPEECH/HEARING THERAPY	7/1/2005	RBRVS	\$40.29	\$19.86							
92508		SPEECH/HEARING THERAPY	7/1/2005	RBRVS	\$19.09	\$10.03							
92557		COMPREHENSIVE HEARING TEST	7/1/2005	RBRVS	\$30.54	\$30.54							
92567		TYMPANOMETRY	7/1/2005	RBRVS	\$13.51	\$13.51							
92587		EVOKED AUDITORY TEST	7/1/2005	RBRVS	\$38.24	\$38.24							
92587	TC	EVOKED AUDITORY TEST	7/1/2005	RBRVS	\$33.08	\$33.08							
92587	26	EVOKED AUDITORY TEST	7/1/2005	RBRVS	\$5.14	\$5.14							
96101		PSYCHO TESTING BY PSYCH/PHYS	1/1/2006	RBRVS	\$72.27	\$71.77							
97001		PT EVALUATION	7/1/2005	RBRVS	\$51.00	\$44.03							
97002		PT RE-EVALUATION	7/1/2005	RBRVS	\$26.87	\$22.01							
97003		OT EVALUATION	7/1/2005	RBRVS	\$54.27	\$43.11							
97004		OT RE-EVALUATION	7/1/2005	RBRVS	\$32.22	\$21.06							
97150		GROUP THERAPEUTIC PROCEDURES	7/1/2005	RBRVS	\$11.70	\$11.70							
97530		THERAPEUTIC ACTIVITIES	7/1/2005	RBRVS	\$19.78	\$19.78							